



MISSOURI DEPARTMENT OF REVENUE  
CUSTOMER SERVICES DIVISION  
PO BOX 2167  
JEFFERSON CITY MO 65105-2167  
**REQUEST FOR RECORDS**

PHONE: (573) 751-4300  
FAX: (573) 526-7367

FORM  
**1745**  
(REV. 5-2006)

**REQUESTOR INFORMATION**

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	SECURITY ACCESS CODE (IF APPLICABLE)

**SUBJECT INFORMATION**

NAME AS IT APPEARS ON SUBJECT'S CURRENT MISSOURI DRIVER LICENSE/RECORD		MISSOURI CLASSIFIED LICENSE NUMBER
ADDRESS AS IT APPEARS ON SUBJECT'S CURRENT MISSOURI DRIVER LICENSE/RECORD		SUBJECT'S DATE OF BIRTH
CITY	STATE	ZIP CODE

**RECORD(S) REQUESTED**

I HEREBY REQUEST THE FOLLOWING RECORD (PLEASE MARK THE APPROPRIATE BOX(ES):

- |   |               |  |                |
|---|---------------|--|----------------|
| <input type="checkbox"/> <b>DRIVER RECORD</b>   | <b>\$1.25</b> | <input type="checkbox"/> <b><u>CERTIFIED</u> DRIVER RECORD</b>   | <b>\$4.00</b>  |
| <input type="checkbox"/> <b>CASE HISTORY</b><br>A CASE HISTORY CONSISTS OF ANY OPEN CASE OR ANY REINSTATEMENT OR TERMINATION CASE NOT LESS THAN TWO YEARS OLD.  | <b>\$5.00</b> | <input type="checkbox"/> <b><u>CERTIFIED</u> CASE HISTORY</b><br>A CASE HISTORY CONSISTS OF ANY OPEN CASE OR ANY REINSTATEMENT OR TERMINATION CASE NOT LESS THAN TWO YEARS OLD.  | <b>\$6.25</b>  |
| <input type="checkbox"/> <b>CASE DOCUMENT (SPECIFY)</b><br><input type="checkbox"/> REINSTATEMENT NOTICE<br><input type="checkbox"/> SUSPENSION NOTICE<br><input type="checkbox"/> CONVICTION (TICKET# _____)<br><input type="checkbox"/> SR-22 | <b>\$3.75</b> | <input type="checkbox"/> <b><u>CERTIFIED</u> CASE DOCUMENT (SPECIFY)</b><br><input type="checkbox"/> REINSTATEMENT NOTICE<br><input type="checkbox"/> SUSPENSION NOTICE<br><input type="checkbox"/> CONVICTION (TICKET# _____)<br><input type="checkbox"/> SR-22 | <b>\$5.00</b>  |
| <input type="checkbox"/> <b>IMAGE PORTFOLIO (LICENSE PHOTO)</b>   | <b>\$3.00</b> | <input type="checkbox"/> <b>EVIDENCE TAPE</b>  | <b>\$19.00</b> |
| <input type="checkbox"/> <b>HARDSHIP PACKAGE</b><br>A HARDSHIP PACKAGE CONSISTS OF A CERTIFIED DRIVER RECORD AND A CERTIFIED SR-22.   | <b>\$9.00</b> | <input type="checkbox"/> <b>OTHER (SPECIFY) _____</b>  |                |

PLEASE SEND THE ABOVE RECORD(S) BY

- ☐ **MAIL** and/or ☐ **FAX (add \$0.50 per page faxed)**

REQUESTOR'S SIGNATURE	DATE
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**PAYMENT OPTIONS**

We are accepting MasterCard, Visa, American Express and Discover cards as a source of payments. A convenience fee of \$1.49 will be charged per request for processing. If using a credit/debit card, you must provide: credit/debit card type, credit/debit card number, expiration date of the card and the full name as it appears on the card with each search request submitted to our department.

**WALK-IN WITH PAYMENT**

You may pay with cash, check, money order, or credit/debit card when requesting the records in person.

Bring this completed form to Room 470 of the Harry S Truman State Office Building (301 West High Street) in Jefferson City.

**MAIL-IN WITH PAYMENT**

You may pay by check, money order, or credit/debit card when sending your request by mail.

Mail this completed form with the appropriate fee to the address above.

**FAX/E-MAIL WITH PAYMENT**

You may only pay by credit/debit card when you send your requests by fax/e-mail.

Fax: (573) 526-7367

E-Mail: [dlrecords@dor.mo.gov](mailto:dlrecords@dor.mo.gov)

CREDIT/DEBIT CARD TYPE	CREDIT/DEBIT CARD NUMBER
EXPIRATION DATE OF CARD	NAME (AS IT APPEARS ON CARD)

VISIT OUR WEB SITE AT **WWW.DOR.MO.GOV**